2006 FOR PROFIT CORPORATION

FILED Feb 17, 2006 08:00 AM

	ANNUAL R	EPOKI		-	C	4 C C4 - 4 -
DOCUMENT # S87193 1. Entity Name KALEOPY CONSULTING SERVICES, INC.				Secre	tary of State	
Principal Place 33 E. AZALEI ROCKLEDGE,	A CIRCLE F	alling Address P.O. BOX 561145 ROCKLEDGE, FL 32956-1145			TI KWANTE BURBUR SANKUN KURKUR 1913	BANK BANK NANK BANK BANK NANKAN IN KANTAN IN KANTAN
DO NOT WRITE IN THIS SPA			CE ·	01102006 4. FEI Numb 59-309	No Chg-P	CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent SMITH, KALEOPY 33 E. AZALEA CIRCLE ROCKLEDGE, FL 32955					NOT W THIS SP	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature. Signature, typed or printed name of registered agent and title if applicable. (MOTE: Registered Agent signature required when reinstating). DATE						
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.				.00 May Be ded to Fees		- · · · ·
TITLE NAME STREET ADDRESS CHY-ST-IIP IITLE NAME STREET ADDRESS CHY-ST-IIP THLE NAME STREET ADDRESS CTY-ST-IIP TITLE	OFFICERS AND DIRECT PD SMITH, KALEOPY 33 E. AZALEA CIRCLE ROCKLEDGE, FL 32955	CTORS			1100000 03/01/06 NOT W THIS SP	
NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dote Daytime Phone *

CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP